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			(Colum	n 1)	(Colu	mn 2)		PE C	TITIE	0		R THAN.
TOTAL CLAIMS							-	RATE	FE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			SIC FEE				3770
TOTAL CHARGEABLE CLAIMS			minus 20=					X\$4] =		0		
INDEPENDENT CLAIMS			minus 3 ≠				-	x43=			101	
М	JLTIPLE DEPE	NDENT CLAIM P	REȘENT				-	145=	 		` `	
* If the difference in column 1 is less than zero, enter "C						column 2	<u> </u>	OTAL	ļ.,	- °		
CLAIMS AS AMENDED - PART II							<u>.</u>	UIAL	L	°		THAN
(Column 1) (Column 2						(Column 3)	S	MALL	ENTIT	Y 0		ENTITY
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	-1	PATE_	ADD TION FEE	AL	RATE	ADDI- TIONAL FEE
WQN NOW	Total	. 117	Minus	** \	32	#		(\$ 9 =		0	x\$(8=	
AME	Independent	. 10	Minus	***	9	F-1	3	W3-C			186	
_		ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+	145:=		O	1 1980=	
8.204 (Column 1) (Column 2) (Column 3)							ــــــــــــــــــــــــــــــــــــــ	TOTAL OIT. FEE			ADDIT. FEE	
_	0	(Column 1)		(Colun		(Column 3)	_			7	·	· ·
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO	BER	PRESENT EXTRA	. F	RATE	ADD TION/ FEE	AL.	RATE	ADDI- TIONAL REE
	Total	· 36	Minus]3	32	= \	7	ଏବ -		OF	x\$/8=	
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	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM			(45=		OF	000	
			•				_	TOTAL		Hor	TOTAL	-
ADDIT. FEE L. (Column 1) (Column 2) (Column 3)											' ADDIT. FEE	L
AMENDMENTC	<u> </u>	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA	R	ATE	ADDI TIONA FEE	L.	RATE	ADDI- TIONAL FEE
DMC	Total	*	Minus	**		= .	\perp	\$9=	, FEE	OF	X\$ 8=	,
ME	Independent	*	Minus	****		=	—	(13_		_	VOI	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-\ OF		
# If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OF	<u> </u>	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 12/02)

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